

age groups (52.3% in age <40, 49.8% in age 40-64, 48.3% in age 65-74, 36.7% in age ≥75, respectively). Amongst high risk patients (CHA<sub>2</sub>DS<sub>2</sub>-VASc score ≥2), 45.1% patients received warfarin after admission. On multivariate analysis, predictors of warfarin use during hospital were hypertension (OR [95%CI], 1.43 [1.14-1.79], *P* = 0.002), the composite of previous stroke/transient ischemic attack(TIA)/thromboembolism (TE) (OR[95%CI], 1.58 [1.17-2.14], *P* = 0.003), age ≥75 years (OR[95%CI], 0.55 [0.43-0.69], *P* < 0.001) and coronary artery disease (OR[95%CI], 0.61 [0.47-0.80], *P* < 0.001).

**CONCLUSIONS** Our findings show low OAC use in Chinese AF populations, where age ≥75 years and coronary artery disease are negative predictors of warfarin use. Patients with hypertension or previous stroke/TIA/TE are more often prescribed OAC.

#### GW26-e2502

##### Ineffective Communication Leads to Unsatisfactory Sexual Activity among Chinese Patients after Percutaneous Coronary Intervention

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**OBJECTIVES** The status of sexual activity and sexual counseling for patients after percutaneous coronary intervention (PCI) has not been previously investigated in China. This study aims to evaluate the current status of communication regarding sexual matters in China to establish a platform for effective communication.

**METHODS** This study represents data from 198 patients who participated in a retrospective cross-sectional survey after PCI. Issues concerning preoperative and postoperative sexual activity and sexual counseling were investigated by telephone interview. After initial questionnaire interviews, follow up telephone interviews were used as a means to expand our data in a qualitative manner and better understand patient responses.

**RESULTS** We investigated frequency of sexual activity, satisfaction and factors influencing sexual activity after PCI, as well as patient perceptions of sexual counseling. 71.5% of the patients resumed sexual activity after PCI, but decreases in frequency (43.7%) and satisfaction (26.2%) appeared. Decreased satisfaction was associated with anxiety about potential recurrent cardiac events and sudden death. 28.5% of patients did not resume sexual activity primarily out anxiety or fear. A relatively large number of patients did not discuss sex-related issues after PCI with their partners (78.3%) or doctors (97.5%). Nonetheless, 72.1% of these patients considered it to be appropriate for doctors to discuss sex-related issues with patients. Telephone follow-up (43%) or private in person conversations were generally (40.3%) considered acceptable for physician patient communication.

**CONCLUSIONS** Abnormal or unsatisfactory sexual activity following PCI is prevalent exists in China, which results largely from the ineffectiveness of communication. Effective solutions must be sought to help such post-PCI patients with rehabilitation of sexual activities.

#### GW26-e5399

##### The role of real time three-dimensional echocardiography in two cases of successful transapical closure of paravalvular regurgitation only guided by echocardiography

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**OBJECTIVES** Transcatheter closure of paravalvular regurgitation(PVR) have been used with varying degrees of success, while transapical closure of PVR only guided by echocardiography is highly infrequent. We presented two cases of successful transapical closure of PVR, and discussed the role of real time three dimensional echocardiography (RT-3D TEE).

**METHODS** The clinical and echocardiographic characteristics of the two patients who diagnosed as PVR after mitral valve replacement of rheumatic heart disease by echocardiography in our hospital were analyzed

**RESULTS** One patient was 43 years-old woman (case 1) and another was 52 years-old man(case 2), both of them had accepted mitral mechanical prosthetic valve replacement for many years and moderate to server PVR was detected by echo.

Before the operation, RT-3D TEE not only provided the location and shape of the paravalvular leak, but also measured the leak dimensions exactly to offer the accurate closure-device size for the physicians. The paravalvular leak of Case 1 was nearly-circle and the location was

6 clock on the anatomic view. The paravalvular leak of case 2 wasn't revealed clearly by RT-3D TEE, whereas the location and shape of the leak were demonstrated accurately by color RT-3D TEE.

During the operation, the echocardiography was not only used to confirm the apical puncture point, guide the passage of the guide wire and catheter through the defect, but also evaluate the residual PVR and the motion of the leaflets.

After the operation immediately, case 1 had mild residual PVR as well as case 2 had trace residual PVR, meanwhile the closure-device was stable and displayed clearly by 3D echocardiography.

**CONCLUSIONS** Echocardiography is not only the first choice of the diagnostic approach for PVR, but also plays a prominent role in guiding the device closure and evaluating the therapy effect, especially the RT-3D TEE in the transapical closure of PVR.

#### GW26-e1317

##### Trial sequential analysis of the efficacy of Fasudil in Chinese patients with pulmonary hypertension

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**OBJECTIVES** Activation of Rho-A/Rho-kinase pathway found recently is one of the pathogenic mechanisms on pulmonary hypertension. It is necessary to evaluate the efficacy of Rho-kinase inhibitor Fasudil for the treatment of pulmonary hypertension based on principle of Meta-analysis and trial sequential analysis.

**METHODS** All randomized controlled trials, were searched from Medline (via [Pubmed.com](http://pubmed.com)), Embase, Cochrane Library, Web of science, Chinese Biomedical Literature Database, Chinese National Knowledge Infrastructure, Chinese Scientific Journal Database and Wanfang Med Online Database up to January 2015. Literatures were searched through the manual and computer criteria. Two reviews independently evaluated studies and extracted data. The method of Jadad scale (5 score totally) was used to evaluate the quality of trials, RevMan 5.2.3 and TSA software were managed for data analysis. Relative risk and mean difference with 95% confidence interval were performed with fixed or random effect models. The values of *I*<sup>2</sup> from 0% to 50% was regarded as "heterogeneity might not be important"; the values of *I*<sup>2</sup> between 51% and 75% was regarded as "moderate heterogeneity"; the values of *I*<sup>2</sup> >75% was regarded as "substantial heterogeneity".

**RESULTS** The total amount of 8 randomized controlled trials with low bias risk (Jadad scale score ≥3) was included. Based on Meta-analysis, the experiment group had significant improvement versus the control group on overall efficiency rate (6 trials including 562 patients, sample size of experimental group/control group=281/281) with moderate heterogeneity (Cochrane's chi-square test: *Chi*<sup>2</sup>=10.99, *P*=0.05, *I*<sup>2</sup>=55%; test for overall effect: *RR*=1.22, 95% *CI* 1.09 to 1.36, *Z*=3.51, *P*=0.0004), which was confirmed in trial sequential analysis because the cumulative *Z*-curve crossed the monitoring boundaries (*RRR*=20%, incidence in control arm=72.9%, estimate of *I* type error=5%, power=80%, required information size=670, *OD*=50%). No sufficient evidence confirmed that Fasudil was able to reduce systolic pulmonary artery pressure (5 trials including 380 patients, sample size of experimental group/control group=190/190), for trial sequential analyses indicated that neither the required information size nor monitoring boundary was exceeded by the cumulative *Z*-curve (estimate of *I* type error=5%, power=80%, required information size=1733, *OD*=100%).

**CONCLUSIONS** Rho-kinase inhibitor Fasudil has some positive effects on overall efficiency rate for pulmonary hypertension. However, to approve the efficacy on systolic pulmonary artery pressure, multi-central and rigorous designed randomized controlled trials are still needed because of sample size limited.

#### GW26-e5351

##### The clinical value of Lung Ultrasound surveying in the Late Goal Directed Fluid Removal

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**OBJECTIVES** Fluid resuscitation plays a major role in the treatments of shock. And sonography is readily practical and non-invasive making it become a useful diagnostic method in critical care. In this study, we observed the change of lung ultrasound B-lines in shock and postoperated patients who admitted in ICU, in order to better understand the lung edema in the process of fluid resuscitation.